STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine

> Tel: (207)287-4179 FAX: 287-6775 Website: www.maine.gov/cthics

STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR
JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

	Christopher R. Barston	Please check the appropriate box and fill in the District number.
MAILING ADDRESS:	9 Laun Avenue	
CITY: _	Gorham ME 04038	Member of the Senate, District_
ZIP CODE:	04038	
PHONE NUMBER: _	(207) 839-2095	Member of the House, District 12 6

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement,
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.

- The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR FILES.

Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

	Name of Frank	A 3.3	Principal Type of Economic	
	Name of Employer	Address	Activity of Employer	
1	Town of Buxton	185 Portland Rd., 04	4093 Recreation	
2			•	
PA A.	Enter the name and addres	s of your business, if any, and list the n a partnership, firm, professional assoc	(For Legislators who are self-employed.) major areas of economic activity from which you deri ciation, or similar business entity, list the major areas	
	Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business cotte	y)
1				
3.				
_				
В.	\$1,000, whichever is great derived such income. If the	er, and specify the principal type of eco is form of disclosure is prohibited by la	represents more than 10% of your gross income or conomic activity of the entity or person from whom yo law, rule, or an established code of professional ethics or person from whom the income was derived. Principal Type of Economic Activity of Entity or Person Who Is the Source of Income	u ;,
1	, ,			
2		·		
3			ALAII III	
PAI prac	RT III. MAJOR AREAS On tice. If associated with a law	OF PRACTICE. (For Legislators who firm, list the major areas of practice of	o are attorneys-at-law only.) List your major areas of of your firm.	F
	Name and Address of Firm	Major Areas of Practices (self)	<u>Major Areas of Practice</u> (firm)	
1				
		•	, <u>, , , , , , , , , , , , , , , , , , </u>	
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PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	Address	Kind of Income
1.		
2	•	
3		
	ing the reporting period, and list the major	names of creditors for any unsecured loans of areas of economic activity of each creditor. Do
Name of Creditor	Address of Creditor	Principal Type of Economic Activity of Creditor
1		
2		
		*
aggregate value of more than \$300 front	om a single source. If none, so state. 3.	- ·
2.	4	<u> </u>
PART VII. DISCLOSURE OF E	ONORARIA. List the source of any hor, so state.	onoraria accepted for appearances or speeches
	3	
2.	4	
PART VIII. REPRESENTATION YOU represented or assisted others for	BEFORE STATE AGENCIES. Identification of any amount. If none, so states	fy each executive branch agency before which tate.
	3	
	4	

1	2	
PART X. INCOME RECEIVED B	MEMBERS OF IMMEDIATE FAMILY.	•
child(ren) during the reporting period	senting each source of income of \$1,000 or more received by your spound the kind of income represented. Do not include gifts. Indicate (S) but do sources of income received by dependent(s).	ise or dependent reside sources of
Type of Economic Activity		
Representing Each Source of Income Received	Kind of Income	
1		
4		
	•	
· ww	**********************************	
1		
appears that a Legislator has w Attorney General. If the Comm statement or has willfully filed : interest on every question and s	atement shall be a Class E crime. If the Commission concilfully filed a false statement, it shall refer its findings of facts sion determines that a Legislator has willfully failed to filfalse statement, the Legislator shall be presumed to have a all be precluded from voting on any question in committee all not attempt to influence the autoeme of any question.	ct to the e a required conflict of e or in either
	all not attempt to influence the outcome of any question. , ed statement is subject to a civil penalty not to exceed \$1,0 il action. (1 M.R.S.A. § 1019)	
	2/ 1/3/07	

Date

Signature